

Department of Public Health and Social Services  
Division of Environmental Health

Food Establishment Inspection Report

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|                    |     |      |        |                     |   |                                     |  |
|--------------------|-----|------|--------|---------------------|---|-------------------------------------|--|
| INSPECTION         | RSN | TYPE | GRADE  | INSPECTION DATE     |   | ESTABLISHMENT NAME                  |  |
| Regular            | ✓   | ✓    | 6      | 3 / 4 / 21          |   | CLUB MILLENNIUM                     |  |
| Follow-up          |     |      |        | TIME IN             | TIME OUT  | PERMIT HOLDER                       |  |
| Complaint          |     |      |        | 9:20 PM             | 9:55 PM   | YIM CORPORATION                     |  |
| Investigation      |     |      | RATING | SANITARY PERMIT NO. |   | LOCATION (Address)                  |  |
| Other              |     |      | A      | 200701666           |   | 790 N. MARINE CORPS DR. UPPER TUMON |  |
| ESTABLISHMENT TYPE |     |      | AREA   | TELEPHONE           | No. of Risk Factor/Intervention Violations        | RISK CATEGORY                       |  |
| PAR                |     |      |        | 646-8222            | 1   | 1                                   |  |
|                    |     |      |        |                     | No. of Repeat Risk Factor/Intervention Violations | 0                                   |  |

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle or mark "X" designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = in compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

| Compliance Status   | COS | R | PTS | Compliance Status  | COS | R | PTS |
|---|-----|---|-----|--|-----|---|-----|
| <b>Supervision</b>  |     |   |     | <b>Potentially Hazardous Food (TCS Food)</b>   |     |   |     |
| 1 (IN) OUT  |     |   | 6   | 16 IN OUT (N/A) N/O  |     |   | 6   |
| Person in charge present, demonstrates knowledge, and performs duties                       |     |   |     | 17 IN OUT (N/A) N/O  |     |   | 6   |
| <b>Employee Health</b>  |     |   |     | 18 IN OUT (N/A) N/O  |     |   | 6   |
| 2 (IN) OUT  |     |   | 6   | 19 IN OUT (N/A) N/O  |     |   | 6   |
| Management awareness; policy present  |     |   |     | 20 IN OUT (N/A) N/O  |     |   | 6   |
| 3 (IN) OUT  |     |   | 6   | 21 IN OUT (N/A) N/O  |     |   | 6   |
| Proper use of reporting, restriction & exclusion  |     |   |     | Consumer Advisory  |     |   |     |
| <b>Good Hygienic Practices</b>  |     |   |     | 22 IN OUT (N/A)  |     |   | 6   |
| 4 (IN) OUT N/A N/O  |     |   | 6   | Consumer Advisory provided for raw or undercooked foods  |     |   |     |
| Proper eating, tasting, drinking, betelnut, or tobacco use                                  |     |   |     | <b>Highly Susceptible Populations</b>  |     |   |     |
| 5 (IN) OUT N/A N/O  |     |   | 6   | 23 IN OUT (N/A)  |     |   | 6   |
| No discharge from eyes, nose, and mouth   |     |   |     | Pasteurized Foods used, prohibited foods not offered   |     |   |     |
| 6 (IN) OUT N/A N/O  |     |   | 6   | <b>Chemical</b>  |     |   |     |
| Hands clean and properly washed   |     |   |     | 24 IN OUT (N/A)  |     |   | 6   |
| 7 (IN) OUT N/A N/O  |     |   | 6   | Food additives approved and properly used  |     |   |     |
| No bare hand contact with ready-to-eat foods or approved alternate method properly followed |     |   |     | 25 (IN) OUT  |     |   | 6   |
| 8 IN (OUT)  |     |   | 6   | Toxic substances properly identified, stored, used   |     |   |     |
| Adequate handwashing facilities supplied & accessible                                       |     |   |     | <b>Conformance with Approved Procedures</b>  |     |   |     |
| <b>Approved Source</b>  |     |   |     | 26 IN OUT (N/A)  |     |   | 6   |
| 9 (IN) OUT  |     |   | 6   | Compliance with variance, specialized process, and HACCP plan  |     |   |     |
| Food obtained from approved source  |     |   |     | Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury. |     |   |     |
| 10 (IN) OUT (N/A) N/O   |     |   | 6   |  |     |   |     |
| Food received at proper temperature   |     |   |     |  |     |   |     |
| 11 (IN) OUT   |     |   | 6   |  |     |   |     |
| Food in good condition, safe, and unadulterated   |     |   |     |  |     |   |     |
| 12 IN OUT (N/A) N/O   |     |   | 6   |  |     |   |     |
| Required records available: shellstock tags, parasite destruction                           |     |   |     |  |     |   |     |
| <b>Protection from Contamination</b>  |     |   |     |  |     |   |     |
| 13 (IN) OUT N/A   |     |   | 6   |  |     |   |     |
| Food separated and protected  |     |   |     |  |     |   |     |
| 14 (IN) OUT N/A   |     |   | 6   |  |     |   |     |
| Food contact surfaces: cleaned & sanitized  |     |   |     |  |     |   |     |
| 15 (IN) OUT   |     |   | 6   |  |     |   |     |
| Proper disposition of returned, previously served, reconditioned, and unsafe food           |     |   |     |  |     |   |     |

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods

Mark "X" in box. If numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

| Compliance Status   | COS | R | PTS | Compliance Status   | COS | R | PTS |
|---|-----|---|-----|---|-----|---|-----|
| <b>Safe Food and Water</b>  |     |   |     | <b>Proper Use of Utensils</b>   |     |   |     |
| 27  |     |   | 1   | 40  |     |   | 1   |
| Pasteurized eggs used where required                                    |     |   |     | In-use utensils, properly stored  |     |   |     |
| 28  |     |   | 2   | 41  |     |   | 1   |
| Water and ice from approved source                                      |     |   |     | Utensils, equipment and linens: properly stored, dried, handled                       |     |   |     |
| 29  |     |   | 1   | 42  |     |   | 1   |
| Variance obtained for specialized processing methods                    |     |   |     | Single-use/single-service articles: properly stored, used                             |     |   |     |
| <b>Food Temperature Control</b>   |     |   |     | 43  |     |   | 1   |
| 30  |     |   | 1   | Gloves used properly  |     |   |     |
| Proper cooling methods used, adequate equipment for temperature control |     |   |     | <b>Utensils, Equipment and Vending</b>  |     |   |     |
| 31  |     |   | 1   | 44  |     |   | 1   |
| Plant food properly cooked for hot holding                              |     |   |     | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |     |   |     |
| 32  |     |   | 1   | 45  |     |   | 1   |
| Approved thawing methods used   |     |   |     | Warewashing facilities: installed, maintained, used, test strips                      |     |   |     |
| 33  |     |   | 1   | 46  |     |   | 1   |
| Thermometer provided and accurate                                       |     |   |     | Nonfood-contact surfaces clean  |     |   |     |
| <b>Food Identification</b>  |     |   |     | <b>Physical Facilities</b>  |     |   |     |
| 34  |     |   | 1   | 47  |     |   | 2   |
| Food properly labeled, original container                               |     |   |     | Hot & cold water available, adequate pressure   |     |   |     |
| <b>Prevention of Food Contamination</b>                                 |     |   |     | 48  |     |   | 2   |
| 35  |     |   | 2   | Plumbing installed, proper backflow devices   |     |   |     |
| Insects, rodents, and animals not present                               |     |   |     | 49  |     |   | 2   |
| 36  |     |   | 1   | Sewage and wastewater properly disposed   |     |   |     |
| Contamination prevented during food preparation, storage & display      |     |   |     | 50  |     |   | 2   |
| 37  |     |   | 1   | Toilet facilities: properly constructed, supplied, & cleaned                          |     |   |     |
| Personal cleanliness  |     |   |     | 51  |     |   | 2   |
| 38  |     |   | 1   | Garbage/refuse properly disposed, facilities maintained                               |     |   |     |
| Wiping cloths: properly used and stored                                 |     |   |     | 52  |     |   | 1   |
| 39  |     |   | 1   | Physical facilities installed, maintained, and clean                                  |     |   |     |
| Washing fruits and vegetables   |     |   |     | 53  |     |   | 1   |
|   |     |   |     | Adequate ventilation and lighting; designated areas use                               |     |   |     |
| <b>Documents and Placards</b>   |     |   |     | 54  |     |   | NA  |
|   |     |   |     | Sanitary Permit, Health Certificates valid and posted                                 |     |   |     |

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign) Kim Jung Sun

Date: 3/4/2021

DEH Inspector (Print and Sign) J. GARCIA EPHO 111

Follow-up (Mark one): YES NO Follow-up Date: 3/4/21



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
DIVISION OF ENVIRONMENTAL HEALTH  
PUBLIC AND PRIVATE PREMISES  
INSPECTION REPORT

NAME: (OWNER, LESSEE, OCCUPANT, ETC.)

CLUB MILLENNIUM

ADDRESS: Lot #, street name, house/apt. #, building name:

LOT 5106 - 3 NEW - 1 NEW UNIT 302 790 N. MARINE

INSPECTION/INVESTIGATION DATE:

03.04.2021

COMPLAINT #:

CORPS OR UPPER TUNON

UPPER TUNON

THE FOLLOWING CHECKED ITEMS REPRESENT VIOLATIONS OF THE CORRESPONDING SECTIONS OF TITLE 10, GUAM CODE ANNOTATED

| SECTION #                | REMARKS   | Not Observed                        | Corrected on the Spot (COS) | Repeat                   |
|--------------------------|---|-------------------------------------|-----------------------------|--------------------------|
|                          | An assessment of the above-mentioned facility was conducted on this day to determine compliance with DPHSS Guidance Memorandum 2020-25 (June 22, 2020) during the COVID-19 emergency.   |                                     |                             |                          |
|                          | The following violations were observed and deemed a public nuisance:  |                                     |                             |                          |
| <input type="checkbox"/> | 1. Failed to require and enforce mandatory use of face masks with employees/customers.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| <input type="checkbox"/> | 2. Failed to enforce social distancing of a minimum of 6 feet between individuals in the interior and exterior premises of the property of the business.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| <input type="checkbox"/> | 3. Failed to post appropriate signage for face masks and social distancing.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| <input type="checkbox"/> | 4. Failed to have a policy in place for the frequent cleaning of all surfaces.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| <input type="checkbox"/> | 5. Failed to have and present an organization-specific guidance plan in place.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| <input type="checkbox"/> | 6. Failed to properly maintain the required occupant load of 7.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| <input type="checkbox"/> | 7. Failed to adhere to the authorized number for social gatherings on business premises.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| <input type="checkbox"/> | 8. Failed to adhere to the requirements outlined in DPHSS Guidance Memorandum   | <input checked="" type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
|                          | Section 20106 (Title 10 Guam Code Annotated, Chapter 20) authorizes Department of Public Health & Social Services to conduct inspections of all public and private grounds, buildings, & other places to enforce & order the immediate abatement of the public nuisance. Businesses that fail to comply with applicable & current Executive Orders and/or Public Health Guidances shall be deemed a public nuisance under Chapter 20, Title 10, of the Guam Code Annotated which are misdemeanors, if found guilty. |                                     |                             |                          |
|                          | Observations/Findings: <input checked="" type="checkbox"/> None   |                                     |                             |                          |

YOU ARE HEREBY GIVEN N/A DAYS N/A HOURS TO CORRECT THE ABOVE CITED PROBLEMS.YOUR PROPERTY WILL BE REINSPECTED ON OR ABOUT N/A

(DATE)

RECEIVED BY (Print &amp; Sign)

Kim Jung Sun

DEH INSPECTOR (Print &amp; Sign)

J. GARCIA, EPHO III

J. TUMANENG, EPHO I

LOURDES A. LEON GUERRERO  
GOVERNOR, MAGA HAGAJOSHUA F. TENORIO  
LT. GOVERNOR, SIGUNCO MAGALANARTHUR U. SAN AGUSTIN, MHR  
ACTING DIRECTORLAURENT SF DUENAS, MPH, BSN, RN  
DEPUTY DIRECTORJOSEPHINE T. O'MALLAN  
DEPUTY DIRECTOR**COMPLIANCE CHECKLIST FOR RESTAURANTS, BARS, TAVERNS,  
AND EATING AND DRINKING ESTABLISHMENTS  
BASED ON EXECUTIVE ORDER 2020-27 THROUGH 2020-41 AND 2020-43  
THROUGH 2020-46, 2021, AND 2021-03 THROUGH 2021-04, AND THIS DOCUMENT.**

Name of Establishment: CLUB MILLENNIUM Company Name: Y4M CORPORATION

Location: LOT 5100-J NEW-1 NEW UNIT 302 790 N. MARINE CORPS DR. UPPER TUMON

| Item No. | Criteria  | Comments | In Compliance with Executive Order and Industry Guidance |    |
|----------|---|----------|--|----|
|          | <b>Messaging and Information</b>  |          |  |    |
| 1        | Has a written policy and procedures for COVID-19 prevention and control measures  |          | <input checked="" type="radio"/> Yes                     | No |
| 2        | Posted signage for employees and patrons on good hygiene and sanitation practices in highly visible location  |          | <input checked="" type="radio"/> Yes                     | No |
| 3        | Posted signs requiring the proper wearing of face mask by employees, vendors, and customers   |          | <input checked="" type="radio"/> Yes                     | No |
| 4        | Posted at least one poster that promotes behaviors that prevent the spread of COVID-19 in the establishment   |          | <input checked="" type="radio"/> Yes                     | No |
| 5        | Require customers and vendors to sign-in a visitor log book prior to entry and  |          | <input checked="" type="radio"/> Yes                     | No |
| 6        | Retain the visitor log sheet for a period of 30 days from the date of service   |          | <input checked="" type="radio"/> Yes                     | No |
|          | <b>Mask</b>   |          |  |    |
| 7        | Require the wearing of face mask by all employees, vendors, and customers   |          | <input checked="" type="radio"/> Yes                     | No |
| 8        | Require customers to wear masks when not actively eating or drinking  |          | <input checked="" type="radio"/> Yes                     | No |
|          | <b>Physical Distancing</b>  |          |  |    |
| 9        | Operates at no more than the authorized occupancy rate; not exceeding the authorized number of persons per table per party  |          | <input checked="" type="radio"/> Yes                     | No |
| 10       | Provide physical guides, such as tape on floors or sidewalks and signage, to ensure that individuals remain at least 6 feet apart   |          | <input checked="" type="radio"/> Yes                     | No |
| 11       | Maintain 6 feet distance  |          | <input checked="" type="radio"/> Yes                     | No |
| 12       | Removed barstools at the bar or other locations where drinks are made and served unless the bar can maintain 6 feet between the bartender(s) and customers while ordering                 |          | <input checked="" type="radio"/> Yes                     | No |
| 13       | Require customers to remain seated at all times in their assigned chairs or remain in their standing area   |          | <input checked="" type="radio"/> Yes                     | No |
| 14       | Require customers to wear face masks when speaking with employees   |          | <input checked="" type="radio"/> Yes                     | No |
| 15       | The use of ballrooms complies with the following conditions:<br>a. Meetings, trainings, testing certifications and credentialing, and other professional development gatherings, does not | N/A      | Yes  | No |

|    |  |     |   |
|----|--|-----|---|
|    | exceed 50% of the occupant load, 6 feet social distancing is maintained, and there is no serving of any food<br>b. Restricted to a single public or private reservation to celebrate functions not exceeding 25 guests   |     |   |
| 16 | Minimum of 6 feet and installation of a physical barrier (i.e., Plexiglass) with a top horizontal edge height of at least 6 feet above the stage floor between musicians and customers when live music is provided   | N/A | Yes No                                  |
| 17 | Ensure the following preventative measures are taken for karaoke singing:<br>a. Disposable microphone covers are used to completely cover the microphone between each use;<br>b. Disposable microphone covers are properly disposed of in a waste receptacle that is within reach by customers;<br>c. Microphone properly cleaned and disinfected between each use;<br>d. Only one singer is allowed to sing at a time;<br>e. Face masks are worn at all times while singing; and<br>f. No more than 6 people are permitted per party per private room |     | <input checked="" type="radio"/> Yes No |
| 18 | Prohibit the use of dance floor  | N/A | Yes No                                  |
| 19 | For bars or taverns with limited tables and chairs:<br>a. Customers standing in a designated area not exceeding 6 persons per party for indoor, and not exceeding 15 persons per party for outdoor<br>b. Separated 6 feet apart from other parties<br>c. Established a dedicated ordering area where customers can maintain a distance of 6 feet, or orders are accepted by servers while customers remain seated  |     | <input checked="" type="radio"/> Yes No |
|    | <b>Employee Health and Hygiene</b>   |     |   |
| 20 | Provide hand-sanitizers or stations at the entrance and throughout the establishment   |     | <input checked="" type="radio"/> Yes No |
| 21 | Require every employee to properly wash hands before, during, and after work   |     | <input checked="" type="radio"/> Yes No |
| 22 | Ensure the availability of adequate cleaning supplies (e.g., paper towels, tissues, disinfectant wipes, masks).  |     | <input checked="" type="radio"/> Yes No |
| 23 | Provide hand sanitizer that contains at least 60% alcohol to employees and customers, if handwashing is not readily available  |     | <input checked="" type="radio"/> Yes No |
|    | <b>Cleaning and Disinfection</b>   |     |   |
| 24 | Clean and disinfect highly touched surfaces AND shared objects between each use  |     | <input checked="" type="radio"/> Yes No |
| 25 | Clean and disinfect table condiment containers, tables, chairs, and other commonly touched areas between seating.  |     | <input checked="" type="radio"/> Yes No |
| 26 | Eliminate table presets, such self-service items (e.g., napkins, utensils, glassware, condiment containers)  |     | <input checked="" type="radio"/> Yes No |
| 27 | Regularly disinfect liquor bottles, pour stations, taps, ice scoops, and other touched surfaces, and use disposable, single cups, if feasible  |     | <input checked="" type="radio"/> Yes No |
| 28 | Developed a schedule for increased routine cleaning and disinfection   |     | <input checked="" type="radio"/> Yes No |
| 29 | Use cleaning and disinfection products that meet EPA disinfection criteria and that are appropriate for the surface  |     | <input checked="" type="radio"/> Yes No |

|   |  |     |                                      |    |
|---|--|-----|--------------------------------------|----|
| 30  | Disinfect game machines, pool tables, dart boards, supplies associated with the game, and other areas that have high-touch surfaces after each use. In addition:<br>a. Access to the amusement device/materials is controlled by the establishment<br>b. Use of game machine and equipment is by reservation<br>c. No more than 6 persons allowed to participate in any game.<br>d. A written record of the use of game machine and equipment maintained, which provides the information outlined in the guidance and readily available to DPHSS, when requested, and retained for 30 days | N/A | Yes                                  | No |
| 31  | Use menus that are non-porous and must be disinfected between use, unless electronic menus or other means are used, such as menu board or QR code to access online menu. When paper menus are used, it is for single use only and discarded after use  |     | <input checked="" type="radio"/> Yes | No |
| 32  | Provide and maintain an adequate supply of cleaning and disinfection products for both employees and patrons for use   |     | <input checked="" type="radio"/> Yes | No |
| Ventilation                               |  |     |                                      |    |
| 33  | Check filters of ventilation devices to ensure they are within service life and appropriately installed and maintained   |     | <input checked="" type="radio"/> Yes | No |
| 34  | Take appropriate steps to minimize air from fans blowing from one person directly to another individual if fans are used in the establishment  |     | <input checked="" type="radio"/> Yes | No |
| Communal Spaces                           |  |     |                                      |    |
| 35  | Stagger employee use of shared spaces (e.g., break rooms) and require mask use at all times, except for actively eating, drinking, or smoking in designated areas  |     | <input checked="" type="radio"/> Yes | No |
| 36  | Limit any sharing of food, tools, equipment, or supplies by staff members  |     | <input checked="" type="radio"/> Yes | No |
| 37  | Limit the number of people in shared spaces at one time and ensure necessary social distancing is practiced  |     | <input checked="" type="radio"/> Yes | No |
| 38  | Disinfect the shared space after each use  |     | <input checked="" type="radio"/> Yes | No |
| Health and Safety of Employees and Guests |  |     |                                      |    |
| 39  | Educate and communicate with employees regarding symptoms, protocols for reporting to work, and procedures should they come into close contact with a person under investigation with COVID-19   |     | <input checked="" type="radio"/> Yes | No |
| 40  | Contact DPHSS should an employee or employees test positive for COVID-19 for contact tracing   |     | <input checked="" type="radio"/> Yes | No |
| 41  | Train all employees in COVID-19 safety actions (e.g., social distancing, use of face masks, hand washing, cleaning and disinfecting)   |     | <input checked="" type="radio"/> Yes | No |

|   |            |
|---|------------|
| RECEIVED BY (Name and Title)              | DATE       |
| X Kim Jung Sun owner                      | 3/4/2021   |
| DEH INSPECTOR (Name and Title)            | DATE       |
| J. GARCIA, EPHD III / J. TUMANENG, EPHD I | 03.04.2021 |